U S Department of Labor Office of Labor Management Standards Washington DC 20210 11

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

3 Name and address of person filing Name CARL E STRRSEN 4 Name file number and address of labor organization Name TCU CARMEN DIVISION LODGE LOTS Labor Organization File Number T19873 P O Box Bidg Room No if any Street 8969 STRRSEN ROAD City EDWARDSVILLE State III INDIS 2P Code +4 62025-697 State TILINDIS 2P Code +4 62025-697 State Enter appropriate data below if during the past fiscal year you or your spouse or milnor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including tode name if any) P O Box Bidg Room No if any Trado Name if any Signature 15 Signature and verification. The undersigned declares under prenaty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contened in any accompanying documents) has been examined by the signatory and is to the best of the undersigned knowledge and belief true correct and complete (See the section on penalties in the restructions) Signature On 8-13-3.5	1 File Number U 7804	2 Fiscal Year Covered From.			
Name CARL ESTRASEN Name TCU LARRIEN DIVISION LODGE 6378 Labor Organization File Number 079873 P O Box Bidg Room No if any Street 8969 STRASEN ROAD City EDWARDSVILLE State FILENUES ZIP Code +4 62025-6877 State JILLIOUS ZIP Code +4 62025-687 Fosition in labor organization Comminifered in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of morelarly value from an employer whose employees your organization represents or is actively seeking to represent 8 Name and address of Employer (including trade name if any) P O Box Bidg Room No if any 7 a Nature of Interest Transaction or Income 17 a Nature of Interest Transaction or Income 18 Signature 19 Signature 19 Signature and verification The undersigned declares under penalty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		1 / 61 / 2004 Through 12 / 31 / 2604			
Labor Organization File Number 019872	3 Name and address of person filing	4 Name file number and address of labor organization			
P O Box Bidg Room No if any Street 8969 STRASEN ROPD City EPWARDSVILLE State III INDIS Street IIII INDIS STRASEN ROAD Company Tamasa Enter appropriate data below if during the past facal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Signature 15 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and beteff true correct and complete (See the section on penalties in the instructions)	Name CARL E STRASEN	Name TCU/CARMEN DIVISION LODGE 6078			
Street 8969 STRASEN ROAD City EPWARDSVILLE State ### State #### State #### State ##### State ###################################		Labor Organization File Number 019812			
State ## City ## Code +4 ## CADAS - 687 State ## TITINOIS ## ZIP Code +4 ## CADAS - 687 State ## TITINOIS ## ZIP Code +4 ## CADAS - 687 State ## TITINOIS ## ZIP Code +4 ## CADAS - 687 State ## TITINOIS ## ZIP Code +4 ## CADAS - 687 State ## TITINOIS ## ZIP Code +4 ## CADAS - 687 State ## TITINOIS ## ZIP Code +4 ## CADAS - 687 State ## ZIP Code +4 ## CADAS - 687 State ## ZIP Code +4 ## CADAS - 687 State ## ZIP Code +4 ## CADAS - 687 State ## ZIP Code +4 ## CADAS - 687 State ## ZIP Code +4 ## CADAS - 687 State ## ZIP Code +4 ##	PO Box Bldg Room No If any	P O Box Building and Room Number if any			
State FITENDES ZIP Code +4 63025-697 State FITEN	Street 8969 STRASEN ROAD	Street 8969 STRASEN ROAD			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Hold an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including trade name if any) 7 a Nature of interest Transaction or Income Trade Name if any PO Box Bidg Room No if any Street City Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and betief true correct and complete (See the section on penalties in the instructions)	City EDWARDSVILLE	City EDWARDSVILLE			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including trade name if any) Name Trade Name if any PO Box Bidg Room No if any ZiP Code + 4 Signature 15 Signature and verification The undersigned declares under penalty of Perjuny and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and better frue correct and complete (See the section on penalties in the instructions)	State #11#NOIS ZIP Code + 4 62025-68	37 State ### ### ZIP Code + 4 62025-683			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including trade name if any) 7 a Nature of Interest Transaction or Income 7 a Nature of Interest Transaction or Income 7 b Amount. Street City State 2IP Code +4 Signature 15 Signature and verification The undersigned declares under penalty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	5 Position in labor organization Committems				
Name Trade Name if any P O Box Bidg Room No if any T b Amount. Street City State ZIP Code + 4 Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and bettef true correct and complete (See the section on penalties in the instructions)	(except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
Trade Name if any P O Box Bldg Room No if any T b Amount. Street City State ZIP Code + 4 Signature 15 Signature and verification The undersigned declares under penalty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and beltef true correct and complete (See the section on penalties in the instructions)	6 Name and address of Employer (including trade name if any)	/ a Nature of Interest Transaction of Income			
P O Box Bidg Room No if any T b Amount. Street City State ZIP Code + 4 Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	Name (]]			
Street City State ZIP Code + 4 Signature Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)	Trade Name If any				
State	PO Box Bldg Room No If any	7 h Amount			
Signature Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	Street	7 D Panouni.			
Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	Crty				
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)	State ZIP Code + 4				
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	Signature Signature				
Signed Carl & Straser On 8-13-05 618-656-0176	submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the				
Date Telephone Number	Signed Carl E. Straser				

Name of Person Filing CARL E STRASEN		File Number U	· · · · · · · · · · · · · · · · · · ·		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any) Name Marshall Friedman, PG, LAW OFFICES Trade Name if any General Counsel PO Box Bldg Room No if any Thirteenth Ploor Street 1010 Market Street City ST. LOUIS, State MISSOURI ZIP Code + 4 63101	9 Business deals with a Labor Organiza b Trust c Employer	tion			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any	11 a Nature of such dealing Bese ball Tickets Hobiday Griffs 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received				
Street City ZIP Code + 4					
	12 b Amount				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment				
Name Trade Name if any					
P O Box Bldg Room No If any Street City ZIR Corto + 4					
State ZIP Code + 4	14 b Amount of payment				
13 b Is the Business an Employer or Consultant?					